MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

08865

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Wash. Co. 17 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? 12 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 64 E Baltimore
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Mrs Pearl Baker

3.(b) Social Security Number none

4. Sex	5. Color or race	b.(a) Single, married, widowed, or divorced
Female	white	Married

B.(b) Name of husband or wife Alsey R.
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April 26- 1887

8. AGE: Years	Months	Days	If less than one day
53	4	1.	hrs. min.

9. Birthplace Front Royal Warren Co Va.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business Home.
FATHER 12. Name Charles Jackson
13. Birthplace Front Royal Va.
MOTHER 14. Maiden name Fannie Edwards
15. Birthplace Front Royal Va.
16. Informant Alsey R. Baker
Address Hagerstown Md
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 29- 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.
18. Funeral director Andrew K. Cossman
Address Hagerstown Md
19. Aug. 29. 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27. 1940, at 5 45 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from AUGUST 22 1940 to AUGUST 27 1940
and that I last saw h. ALIVE on AUGUST 27 1940

Immediate cause of death	DURATION
RENAL INSUFFICIENCY	
Due to HYPERTENSIVE	
CARDIO-VASCULAR- RENAL	
Due to DISEASE	
Other conditions PYELITIS	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. D. Layman M.D. M. D. or other
Address 113 W. Washington St Hagerstown Md. Date signed AUG 28 40

Dr Layman

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SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08866

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Leitersburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Washington
City or town Leitersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Olevia Beard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George Beard
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1859

8. AGE: Years 80 | Months 11 | Days 8 | If less than one day hrs. min.

9. Birthplace Near Leitersburg md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name John Minnich
13. Birthplace md

MOTHER 14. Maiden name Susan Leverknight
15. Birthplace md

16. Informant L F Werking
Address Leitersburg Md

17. (Burial, cremation, or removal. Which?) Date thereof Aug. 20, 1940.
(month) (day) (year)
Cemetery or crematory Smithsburg cemetery
Location Smithsburg md

18. Funeral director Walter G Grove
Address Waynesboro Pa

19. Aug 19 1940 (Date rec'd by registrar) W. B. Hedrcomer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 17 1940, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug - 8 1940, to Aug - 17 1940, and that I last saw h- alive on Aug - 17 1940.

	DURATION
Immediate cause of death Intestinal Obstruction	10 days
Due to Gastric Carcinoma	?
Due to	
Other conditions Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H Wickard M.D.
M. D. or other
Address Waynesboro Pa. Date signed Aug-18-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08867

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mos
Hospital, institution, or street address where death occurred:
61 W. Washington St.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Union Bridge.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Johnsville R. Rte
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME James Franklin Bohn.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	W: dower.

6.(b) Name of husband or wife Ursula
6.(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) March 3- 1874.

8. AGE: Years	Months	Days	If less than one day
66	4	30	hrs. min.

9. Birthplace Liberty Fred Co Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER 12. Name Emanuel S. Bohn.
13. Birthplace Liberty Md.
MOTHER 14. Maiden name Ann Rebecca Williams
15. Birthplace Liberty Md.
16. Informant Mrs Ruth Swisher.
Address Hagerstown, Md
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 5- 1940 (month) (day) (year)
Cemetery or crematory Beaver Dam Cemetery
Location Union Bridge Md.
18. Funeral director Raymond Wright
Address Union Bridge Md.
19. Aug 3, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 27-39 to Aug 2 1940
and that I last saw him alive on Aug 2- 1940

Immediate cause of death	DURATION
Fecal Impaction	2 wks.
Due to Paralysis of bowel-	2 wks.
Due to Carcinoma of Prostate -	one year
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none — Date of op. none.
Autopsy results none —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE. Howard A Kelly M.D. M. D. or other
Address Hagerstown Md Date signed Aug 3, 40

Kritzer

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SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52-(B)

08868

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Washington County Hospital.

How long in hospital or institution? 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 61 North Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William G. Boryer.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband~~ or wife: Laura K. Boryer

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): May 13, 1860.

8. AGE:

Years	Months	Days	If less than one day
74	3	6	hrs. min.

9. Birthplace: Hagerstown, Md.
(Town, county, and state)

10. Usual occupation: Retired merchant.

11. Industry or business: Wholesale grocery.

FATHER
12. Name: Christropher H. Boryer
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Garman.
15. Birthplace: United States.

16. Informant: (Wife) Laura K. Boryer.
Address: Hagerstown, Md.

17. Moselaum Cerpt, Date thereof: Aug 24, 1940.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Rose Hill.

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss.
Address: Hagerstown, Md.

19. Aug 23, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 21 1940, at 9"30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to Aug 21 1940 and that I last saw him alive on Aug 21 1940

Immediate cause of death: Uremia & metastatic carcinoma

Due to: Primary papillary carcinoma urinary bladder.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 5 mos +

Major findings of operations: Inoperable carcinoma bladder involving rt ureter & 1/3 bladder. Date of op. June 11, 1940

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. L. Houghton, M.D. M. D. or other

Address: 115 W. Washington St Hagerstown, Md Date signed Aug 22, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

CERTIFICATE OF DEATH

30V 303
08869 304
Reg. Dist. No.

1. PLACE OF DEATH:
County Washington
City or town Hagerstown 2nd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Washington County Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wash
City or town Hancock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda Elizabeth Brown

3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife W. D. Brown
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 80 Months Days If less than one day hr. min.
9. Birthplace Blue Field W Va (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Brooks
13. Birthplace
MOTHER 14. Maiden name Deal
15. Birthplace
16. Informant Mrs Emory Thompson
Address Hancock Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof Aug. 28, 1940 (month) (day) (year)
Cemetery or crematory Riverview
Location Rockwood Md
18. Funeral director J. D. Fullerton
Address Hancock Md
19. Aug 27 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 3P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1940 to Aug 26 1940
and that I last saw h alive on Aug 26 1940.

	DURATION
Immediate cause of death Sclerocardiosis	1 Hr.
Due to	
Due to	
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. D. Beadle M. D. or other
Address Hagerstown Md Date signed 8-26-40

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SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08870

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Washington Co. Registration Dist. No. 302

Village or City Hagerstown MD No. Wash. County House St., 5 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown If U. S. Veteran, specify WAR

(a) Residence: No. Wash. County House St., Ward.
(Usual place of abode) WILLIAMSPORT MD
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Inmate

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. County Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington County
(State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mr Hutsan
(Address) Wash County Home

18. BURIAL, CREMATION, OR REMOVAL
Place Bellevue Date 8-26, 1940

19. UNDERTAKER John M Caldwell
(Address) Hagerstown MD

20. FILED Aug. 26, 1940 Chas H Beverd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1940 to Aug 23, 1940
I last saw h alive on Aug 23, 1940 Death is said to have occurred on the date stated above, at 5 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Aug 23/40
Other **Contributory Causes** of Importance:	

Name of operation Clinical Date of
Whether confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. H. Beall M. D.
(Address) Hagerstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 311 — 08871

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington
City or town Breathedsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 109 E. 33rd St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carver Mrs Fannie B.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widowed

6 (b) Name of husband or wife Unknown
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 25, 1869

8. AGE: Years	Months	Days	If less than one day
71	3	24	____ hrs. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual occupation retired
11. Industry or business
FATHER 12. Name John M. Brewer
13. Birthplace Md
MOTHER 14. Maiden name Mary A. Van Lear
15. Birthplace Md
16. Informant John P. Mitchell
Address 1900 Eutaw Place Baltimore
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 24 1940 (month) (day) (year)
Cemetery or crematory Lowanne
Location Baltimore, Md.
18. Funeral director John P. Mitchell
Address 1900 Eutaw Place
19. Aug 22 1940 (Date rec'd by registrar) Josiah S Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 1940 to August 22 1940, and that I last saw h-r alive on 8/22 1940.

	DURATION
Immediate cause of death uraemia	5-6 days
Due to Pyelitis	?
Due to arteriosclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none
Accident, suicide, or homicide none Date of
Where did injury occur? none (City or town) Washington (County) Md (State)
Injured at home, farm, industry, public place (where?) none
Means of injury none Injured at work? none

23. SIGNATURE Victor D Miller
DR. VICTOR D. MILLER, M. D. or other
Address 131 W. WASHINGTON, ST. Date signed
HAGERSTOWN, MD.

RECEIVED
SEP 4 1940
BUREAU V. S.

08872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

CERTIFICATE OF DEATH

Reg. Dist. No. ~~600~~ 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? ~~One week~~ 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. ~~61 North Ave.~~ 230 N. Jonathan St.
(If rural, give LOCATION)

2.(a) If veteran, name war: None.

3.(a) FULL NAME: Millard F. Clark

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife: Josephine

Died March 2, 1936. 6.(c) If alive, give age 68/6/25 years

7. Birth date of deceased (mo., day, yr.): Nov 17, 1855.

8. AGE: Years	Months	Days	If less than one day
84	11	7	..... hrs. ..... min.

9. Birthplace: Sharpsburg, Md.
(Town, county, and state)

10. Usual occupation: Retired farm worker

11. Industry or business

FATHER
12. Name: James Clark
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Maryland.

16. Informant: Bessie Clark. (Daughter)
Address: Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 26, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown

18. Funeral director: Fred W. Kraiss.
Address: Hagerstown

19. Aug. 26, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 24 1940, at 0:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUG 21st 1940, to AUG 24 1940 and that I last saw him alive on AUGUST 24 1940

Immediate cause of death: CEREBRAL HAEMMORHAGE

Due to: HYPERTENSION

Due to:

Other conditions: CARIAC HYPERTROPHY

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. D. Layman, M.D. M. D. or other

Address: 113 W. Washington St. Hagerstown, Md. Date signed: Aug 26, 1940

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

08873

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 yrs.

Hospital, institution, or street address where death occurred:

537 Brown Av.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 537 Brown Av.

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME William Jesse Crabbs.

3.(b) Social Security Number 705-10-6961

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6.(b) Name of husband or wife Cordelia.

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 12 - 1879

8. AGE: Years	Months	Days	If less than one day
61	2	1	..... hrs. ..... min.

9. Birthplace Union Bridge Carroll Co Md.
(Town, County, and state)

10. Usual occupation Mechanical Engineer

11. Industry or business W. Md. R.R. Co.

FATHER 12. Name W. Jesse Crabbs

FATHER 13. Birthplace Union Bridge Md.

MOTHER 14. Maiden name Clara Baust

MOTHER 15. Birthplace Westminister. Md.

16. Informant Mrs. W. J. Crabbs

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 15-1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Costman

Address Hagerstown. Md.

19. Aug 15, 1940 (Date rec'd by registrar) Chas Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 1940, to Aug 13 1940

and that I last saw h.. alive on August 13 1940

Immediate cause of death Coronary thrombosis — DURATION 1 hr 15 Min

Due to .....

Due to .....

Other conditions None except moderate cardiac hypertrophy

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE W. D. Layman M. D.
M. D. or other

Address 113 N. Washington St Date signed Aug 14 1940
Hagerstown, Md.

Dr Layman

RECEIVED
AUG 23 1940
BUREAU V. M.

08874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred: 815 Chestnut St

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 815 Chestnut St

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Mrs Flora R. DeLauney

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: Frank H.

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.): April 12-1884

8. AGE: Years 56 | Months 3 | Days 23 | If less than one day ..... hrs. ..... min.

9. Birthplace: Hagerstown, Wash. Co Md. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: —

FATHER

12. Name: William H Ridenour.

13. Birthplace: Hagerstown, Md.

MOTHER

14. Maiden name: Elizabeth Brezler.

15. Birthplace: Hagerstown, Md.

16. Informant: Frank H. DeLauney

Address: Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug. 8, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cem

Location: Hagerstown, Md.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown, Md.

19. Aug 6, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940, at 10 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 August 1940, to Aug. 4 1940 and that I last saw her alive on August 1940

Immediate cause of death: Cerebral Hemorrhage. — DURATION: 36 hours

Due to: arterio-sclerosis

Due to:

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE V. Vm D Miller M. D. or other

DR. VICTOR D. MILLER, 1211 WASHINGTON ST. HAGERSTOWN, MD.

Address Date signed 8/4-1940

Dr. Victor Miller -

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

08875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9370)

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington County

City or town Sharpsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 72 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry DeLauney

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1868

8. AGE:

Years	Months	Days	If less than one day
72	5	27	hrs. min.

9. Birthplace Sharpsburg Maryland
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Benjamin Franklin DeLauney
13. Birthplace Sharpsburg Md

MOTHER
14. Maiden name Catherine Amelia Bender
15. Birthplace Sharpsburg Maryland

16. Informant Frank DeLauney (brother
Address Hagerstown, Md.

17. Burial Date thereof Aug 27 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View Cemetery
Location Sharpsburg, Md.

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. 8/27 1940 E. F. Boyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940, at 5:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1938, to Aug 24 1940, and that I last saw him alive on Aug 24 1940.

Immediate cause of death	DURATION
Auricular fibrillation	1 week.
Due to Chronic Myocarditis	2 years.
Due to	
Other conditions Hypertrophy of Prostate	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H. Sheaby M.D.
M. D. or other
Address Sharpsburg, Md Date signed 8/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08876

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Boonsboro R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near Boonsboro Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Near Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Beverly Ann Derr

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1938

8. AGE:

Years	Months	Days	If less than one day
2	2	6	hrs. min.

9. Birthplace Boonsboro Washington County Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Clifford Derr
13. Birthplace Boonsboro Md

MOTHER
14. Maiden name Virgie Shank
15. Birthplace Sugarsville Md

16. Informant Clifford Derr
Address Boonsboro Md

17. Burial Date thereof Aug 16 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Boonsboro Cemetery
Location Boonsboro Md

18. Funeral director William F Bast & Son
Address Boonsboro Md

19 Aug 16 1940 William F. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1940 to Aug 15 1940 and that I last saw her alive on Aug 14 1940

Immediate cause of death Septicaemia — DURATION 3-4 da

Due to Otitis media (PROBABLE) — 10+12 da

Due to

Other conditions Congenital Lues — life

(Include pregnancy within 3 months of death)

Major findings:
20 operations None
20 autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. B. Draper M. D.
M. D. or other
Address Boonsboro Md Date signed 8-15-40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08877

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Washington County Hospital (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Hagerstown, Md

Stay in hospital or inst. (yrs., or mos., or days) 1 da.

Stay in this community (yrs., or mos., or days) 78 yrs. - 9 mos 7 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Cascade Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington Co. Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H. Dilk

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 21 1861

8. AGE:

Years	Months	Days	If less than one day
78	9	8	hrs. min.

9. Birthplace Cascade Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Augustus Dilk

13. Birthplace Cascade Md

MOTHER

14. Maiden name Rebecca ?

15. Birthplace Germany

16. Informant Thomas Eyler

Address Highfield Md.

17. Burial, cremation, or removal. Which? Removal Date thereof 8/30/40 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Waynesboro # 4 Pa

18. Funeral director Walter Y. Grove

Address Waynesboro Pa

19. (Date rec'd by registrar) Aug. 30 1940 Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Aug 29 1940, and that I last saw him alive on Aug 29-40 19

Immediate cause of death	DURATION
Cardio-renal Lesion	?
Due to	
Due to	
Other conditions Arterio-sclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. W. Dilk M. D. or

Address Hagerstown Md Date signed 8/31/40

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

08878

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred: 609 N. Prospect Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 609 N. Prospect Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Anna Drill

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: George W. Drill

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May 7, 1870

8. AGE:

Years	Months	Days	If less than one day
70	3	19	hrs. min.

9. Birthplace: Boonsboro- Wash. Maryland
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER
12. Name: Henry St. Clair
13. Birthplace: Boonsboro, Md.

MOTHER
14. Maiden name: Martha Iapole
15. Birthplace: Boonsboro, Md.

16. Informant: George W. Drill
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 29, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Aug 29, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26, 1940 10:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1940 19 , to Aug 26 - 1940 and that I last saw her alive on About Aug 10 1940

Immediate cause of death	DURATION
Coronary Thrombosis -	immediate
Due to Chr. Cardetis - Mitral Ins -	?
Due to Chr. Bronchitis -	Several years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Henry R Kritzer MD M. D. or other

Address: Hagerstown Md Date signed: 8-27-40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-8)

08879

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? none

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 542 Chestnut St

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 542 Chestnut St.
(If rural, give LOCATION)

2.(a) If veteran, name war no.

3. (a) FULL NAME

Mrs Lillian Lee Galliher.

3. (b) Social Security Number

None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow.

6.(b) Name of husband or wife Samuel B.

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3 - 1895

8. AGE:

Years	Months	Days	If less than one day
45	2	29.	hrs. min.

9. Birthplace Little Washington Rapphiles Co. Va.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Saul Henry Johnson.
13. Birthplace Little Washington Va.

MOTHER
14. Maiden name Ida Bell Armentrout
15. Birthplace Little Washington Va.

16. Informant Mrs Chas F Schleigh

Address Hagerstown. Md.

17. Burial. Date thereof Aug 4 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown. Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. Aug 9, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1. 1940, at 11.35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to Aug 1 1940

and that I last saw her alive on Aug 1 1940

Immediate cause of death	DURATION
Vascular Hypertension	1936
Due to Mitral Stenosis	1936
Due to Right ventricular failure	1940 Aug. 1
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Robert Wells M. D.
M. D. or ~~other~~

Address Hagerstown Md Date signed Aug 2/40

Dr. Wells

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

08880

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington County
City or town: Tommytown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Tommytown Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Mondell Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Minnie May Gattrell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Benjamin F Gattrell deceased
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 19 1880

8. AGE:

Years	Months	Days	If less than one day
60	8	13	hrs. min.

9. Birthplace: Sharpsburg Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Michel Kidwater
13. Birthplace: Va

MOTHER
14. Maiden name: Barbra Houser
15. Birthplace: Sharpsburg Md

16. Informant: John Gattrell
Address: near Sharpsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 5 1940 (month) (day) (year)
Cemetery or crematory: Mt. View Cemetery
Location: Sharpsburg Md

18. Funeral director: Edith V Leaf
Address: Williamsport Md

Aug 5 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 2nd 1940, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1940, to Aug 2 1940, and that I last saw h E T alive on July 27 1940.

Immediate cause of death	DURATION
Myocarditis with Auricular fibrillation	?
Due to Chronic myocarditis - Duration Unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. B. Draper M.D.
M. D. or other
Address: Boonsboro Md Date signed: 8-3-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 170-C

Reg. Dist. No. 304

08881

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hancock, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: West Side Sideling Hill Mt.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. Carlina (b) County Carteret

(c) City or town Beaufort Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leon Gillikin

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Gillikin

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Aug 5-1910

8. AGE: Years 30 Months 0 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Beaufort North Carlina (Town, county, and state)

10. Usual occupation Trucker

11. Industry or business

FATHER

12. Name Bryant Gillikin

13. Birthplace Beaufort North Carlina

MOTHER

14. Maiden Name Christian Lewis

15. Birthplace Carteret Co. N. Carlina

16 (a) Informant O.W. Lewis

(b) Address Beaufort N. Carlina

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/25 40 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Snyder-Rowland

(b) Address Hancock Md

19 (a) 8/24 40 (Date rec'd by registrar) (b) T. F. Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 24 1940 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Aug 24 1940 and that I last saw him alive on Dead on Aug 24/40

Immediate cause of death Fracture of Skull Crushing Injury of Chest.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Aug 24/40

(c) Where did injury occur? Sideling Hill, Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? Yes (Specify type of place)

(e) Means of injury Automobile Hailer Crushed cat killing boy.

23. Signature J. H. Beachley M. D. or other

Address Hagerstown, Md. Date signed 8/24/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ~~95~~ 93-d

08882

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred: 1806 Virginia Ave

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1806 Virginia Ave

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Walter Lefever Halback

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife Genevieve

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 15-1877

8. AGE: Years 63 Months 3 Days 27. If less than one day ..... hrs. ..... min.

9. Birthplace Williamsport Wash Co Md (Town, county, and state)

10. Usual occupation Tanner.

11. Industry or business Retired.

FATHER 12. Name John T. Halbach

13. Birthplace Williamsport Md.

MOTHER 14. Maiden name Mary Jane Basehor

15. Birthplace Martinsburg W Va

16. Informant Mrs. Genevieve Halbach

Address Hagerstown-Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 14-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown-Md

18. Funeral director Andrew K Coffman

Address Hagerstown Md.

19. Aug. 14, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1940, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw him alive on ..... 19.....

Immediate cause of death

Cardio-Vascular Hypertension

Due to Acute rt. ventricular failure, meaning Organic heart failure. C.W.G.

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION
1939
8/11/40

Major findings of operations ..... Date of op. .....

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Robert Wells

DEPUTY MEDICAL EXAM WASH. CO., MD.

M. D. or ~~other~~ 4

Address Hagerstown, Md. Date signed 8/11/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

CERTIFICATE OF DEATH

08883

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 118 East First St.

Stay in hospital or Inst. (yrs., or mos., or days) at Home.

Stay in this community (yrs., or mos., or days) One month.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 118 East First St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Carrie Mc Niell Head.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas R. Head.

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) September - 14 - 1885

8. AGE: Years 54 | Months 11 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Hardy Co. W. Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER 12. Name Quincy Rutherford Simmons

FATHER 13. Birthplace Hardy Co. W. Va.

MOTHER 14. Maiden name Sally Seymour Mc Niell

MOTHER 15. Birthplace Hardy Co. W. Va.

16. Informant Mrs. Wilbur Thompson

Address 118 E. 1st St. Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 3. 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetary

Location Hagerstown Md.

16. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. Sept 2 1940 (Date rec'd by registrar) Chas A Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31. 1940, at 10:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1938, to Aug. 31, 1940, and that I last saw h[er] alive on Aug. 31, 1940.

Immediate cause of death Hypertensive cardio-vascular-renal disease — DURATION 12 years.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. D. Bell M. D. or other

Address Hagerstown Md. Date signed 9/2/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

08884

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 194 yrs.
Hospital, Institution, or street address where death occurred:
2229 Virginia Ave
How long in hospital or institution? 20 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2229 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war None.

3.(a) FULL NAME Rev. Cadmus Metz Hicks.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6.(b) Name of husband or wife Mary.
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 19-1862

8. AGE:

Years	Months	Days	If less than one day
77	10	28.	... hrs. ... min.

9. Birthplace Fairview Wash. Co Md.
(Town, county, and state)
10. Usual occupation Minister.
11. Industry or business Retired.
FATHER 12. Name George W. Hicks.
13. Birthplace Welsh Run Pa.
MOTHER 14. Maiden name Elizabeth Metcalf
15. Birthplace St Pauls. Md
16. Informant E. Russell Hicks.
Address Hagerstown. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 18-1940 (month) (day) (year)
Cemetery or crematory Dunkard Cemetery
Location Broadfording Md
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Aug 18. 1940 (Date rec'd by registrar) Ethel H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940, at 4:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Aug 16 1940
and that I last saw him alive on Aug 14 1940

Immediate cause of death	DURATION
Due to Carcinoma of Stomach	
Due to	
Other conditions Metastasis to Liver	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J H Cutler M. D. or other
Address 134 N. Potomac Date signed 8-16-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Cutler

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

08885

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Brownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 31 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Brownsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Annie Laura Iselin

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry Iselin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February - 21 - 1864

8. AGE: Years 76 Months 5 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace Berryville Va.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home.

FATHER
12. Name Thomas Davis
13. Birthplace Brownsville Wash. Co. Md.

MOTHER
14. Maiden name Anne Campbel
15. Birthplace Brownsville Wash. Co. Md.

16. Informant Mrs. John F. Barrett

Address Brownsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 7. 1940 (month) (day) (year)

Cemetery or crematory Episcopal Cemetary

Location Brownsville Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. Aug 6 1940 (Date rec'd by registrar) Cornelius W. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August - 5 - 1940, at 9.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Aug 5 1940, and that I last saw him alive on Aug 4 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 5 days

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Schnaufer M. D. or other

Address Brunswick Date signed Aug 6-40

VS A15 (T) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

08886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Wash

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash Co Hosp

Stay in hospital or inst. (yrs., or mos., or days) Still born

Stay in this community (yrs., or mos., or days) ~~[illegible]~~

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hagerstown, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Stillborn Boy Jackson

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife _____

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 8/28/40

8. AGE: Years: Still born | Months | Days | If less than one day _____ hrs. _____ min.

8. Birthplace Wash Co Hosp Hagerstown Md
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Ronald Garrett Jackson
13. Birthplace Chambersburg Pa

MOTHER
14. Maiden name Nancy Ruth Fawver
15. Birthplace Martinsburg W. Va

16. Informant _____

Address _____

17. _____ Date thereof _____
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Disposed of by Hospital

Location _____

18. Funeral director _____

Address _____

19. Aug. 31 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28 1940, at 1130P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/28 1940, to 8/28 1940, and that I last saw him alive on 8/28 1940.

Immediate cause of death Still born - 4 mo miscarriage.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE F. F. Lusby M. D. or other

Address 17 [illegible] Date signed 8/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

08887

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Sam Mar
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Fahrney Memorial Home
Stay in hospital or inst. (yrs., or mos., or days): 20 days.
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Beaver Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Frank C. Kaylor

3. (b) Social Securily Number: None.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Savilla Funk Kaylor
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July - 22 - 1860

8. AGE: Years: 80 Months: 0 Days: 15 If less than one day: hrs. min.

9. Birthplace: Beaver Creek Wash. Co. Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Cyrus B. Kaylor
13. Birthplace: Sabillasville Md.

MOTHER
14. Maiden name: Katherine Conrad
15. Birthplace: Funkstown Md.

16. Informant: Mrs. Harry Keadle
Address: Mapleville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 10. 1940 (month) (day) (year)
Cemetery or crematory: Fahrneys Cemetary
Location: near Mapleville Md.

18. Funeral director: Wm. J. Bast & Son
Address: Boonsboro Md.

19. Aug. 10. 1940 William J. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7th 1940, at 6:38 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22nd 1940, to Aug. 7th 1940, and that I last saw him alive on Aug. 7th 1940.

Immediate cause of death: Arteriosclerosis — DURATION: 7 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Hubert Wade. M. D.
M. D. or other
Address: Boonsboro Md. Date signed 8/8/40.

RECEIVED
SEP 5 1940
BUREAU V. S.

08888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred: Corner Potomac Ave & N. Potomac St

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 20 Snyder Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Glenn C. R. Kershner

3. (b) Social Security Number 249-05-2080

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single-

6.(b) Name of husband or wife none

6.(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) May 1 - 1921

8. AGE:

Years	Months	Days	If less than one day
19	3	16	hrs. min.

9. Birthplace Hagerstown Wash. Co Md.
(Town, county, and state)

10. Usual occupation Grocery Clerk

11. Industry or business Acme Store

FATHER
12. Name Richard Leo Kershner.
13. Birthplace Marlowe W. Va.

MOTHER
14. Maiden name Lottie E Renner
15. Birthplace Williamsport Md.

16. Informant Mrs Lottie R. Kershner
Address Hagerstown. Md

17. Burial. Date thereof Aug 19-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown. Md

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. Aug. 19. 1940 Chas. H. Bowers, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 1940, to Aug 17 1940 and that I last saw him alive on Dead on Aug 17 1940

Immediate cause of death Crushing Injury of Chest

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug 17/40

Where did injury occur? Hagerstown, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Place

Means of injury Motorcycle accident Injured at work? No

23. SIGNATURE J. H. Bradley M. D. or other

Address Hagerstown Date signed Aug 18/40

Coroner.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08889

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

~~City~~ or town: Funkstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 yrs.

Hospital, institution, or street address where death occurred: Main St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

~~City~~ or town: Funkstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: Main St (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John F. Kesselring

3.(b) Social Security Number: none

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife: Florence V. Kesselring

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct 6 - 1857

8. AGE: Years 82 | Months 10 | Days 11 | If less than one day ... hrs. ... min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER
12. Name: Peter Kesselring
13. Birthplace: Frederick Co. Md

MOTHER
14. Maiden name: not known
15. Birthplace: " "

16. Informant: Mrs Bessie May Rowland

Address: Funkstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 20. 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Funkstown

Location: Funkstown Md.

18. Funeral director: L. F. Reecher

Address: Funkstown Md

19. Aug. 19. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 17 1940, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1938, to Aug. 17 1940 and that I last saw him alive on Aug 16 1940

Immediate cause of death: Arterio-sclerotic Heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Sidney Novenstein M. D. or other

Address: Funkstown Md Date signed: Aug 19-1940

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

08890

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 yrs.

Hospital, institution, or street address where death occurred:

161 Summit Ave.

How long in hospital or institution? hma

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 161 Summit Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war ho

3. (a) FULL NAME Mrs Carrie R. Knodle

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife Edward C.

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 26-1877

8. AGE:

Years	Months	Days	If less than one day
63	4	20	..... hrs. ..... min.

9. Birthplace Lewistown Fred Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER

12. Name John A. Bare

13. Birthplace Utica Md

MOTHER

14. Maiden name Anna E McCormick

15. Birthplace Mountain Dale Md.

16. Informant Edward C. Knodle

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 17-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Costmane

Address Hagerstown Md.

19. August 17 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940, at 7.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1939, to Aug 15 1940 and that I last saw her alive on Aug 15 1940

Immediate cause of death	DURATION
Pulmonary Edema	
Due to Congestive heart failure	
Due to Hypertensive disease and Chr. myocarditis	
Other conditions Hemiplegia, left	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Martha Layman M.D. M. D. or other

Address Hagerstown Md Date signed 8-16-40

Dr Layman.

RECEIVED
SEP 6 1940
BUREAU V. S.

08891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 54 - 8 - 27

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 940 Oak Hill ave (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Edna M. Leiter

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Frank Leiter

6.(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov 9 1885

8. AGE: Years 54 Months 8 Days 27 If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Wash. Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name Odello D. McCardell
13. Birthplace Wash County Md.

MOTHER
14. Maiden name Ida Brewer
15. Birthplace Washington County Md.

16. Informant Mr Frank Leiter

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 8 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director Scott F Minnich & Son

Address Hagerstown Md.

19. Aug 6 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1940 to Aug 6 1940 and that I last saw her alive on Aug 6 1940

Immediate cause of death Carbuncle of back followed by Staph. aureus blood stream infection + Due to multiple abscesses of lungs. Carbuncle followed a rotting of Due to back when a furuncle was present.

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations Very large Carbuncle of back left side scapular Date of op July 16, 1940

Autopsy results Multiple abscesses of lungs —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. H. [illegible] M. D. or other

Address Hagerstown Md Date signed 8/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

08892

Reg. Diat. No. 3021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Wash Co Hospital

Hospital, institution, or street address where death occurred: King St.

How long in hospital or institution? 5 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 354 Security Road.

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME John M. Luipersbeck

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 2-1926

8. AGE:

Years	Months	Days	If less than one day
13	10	19.	..... hrs. ..... min.

9. Birthplace Hagerstown Wash Co Md. (Town, county, and state)

10. Usual occupation In School

11. Industry or business St Mary's School.

FATHER

12. Name Michael Luipersbeck

13. Birthplace Austria Hungary

MOTHER

14. Maiden name Hennietta Holzer.

15. Birthplace Austria-Hungary

16. Informant Michael Luipersbeck

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 23-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Offman

Address Hagerstown, Md

19. Aug 22, 1940 (Date rec'd by registrar) Chas H Brewer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 12 06 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1940 to Aug 21 1940

and that I last saw him alive on Aug 21, 1940

Immediate cause of death	DURATION
Fracture of Skull	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug 20 1940

Where did injury occur? Hagerstown (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Place

Means of injury Automobile Injured at work? No

Struck by an Bicycle

23. SIGNATURE J H Bucey M. D. or other

Address Hagerstown, Md Date signed 8/21/40

Coroner.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122a)

CERTIFICATE OF DEATH

08893

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, Institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 629 George Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Juilus A. Mahone

3.(b) Social Security Number 214-09-2707

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 19, 1907

8. AGE: Years	Months	Days	If less than one day
33	3	19	..... hrs. ..... min.

9. Birthplace: Rockingham County, Va.
(Town, county, and state)

10. Usual occupation: Restaurant Cook

11. Industry or business

FATHER
12. Name: Alonzo R. Mahone
13. Birthplace: Rockingham Co., Va.

MOTHER
14. Maiden name: Anna Hawse
15. Birthplace: Rockingham Co, Va.

16. Informant: Mrs. Anna Mahone
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 9, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19 Aug 9, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1940, at 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/27 1940, to 8/7 1940 and that I last saw h. alive on 8/6 1940

Immediate cause of death	DURATION
acute myocardial failure	1 hr.
Due to	
Due to	
Other conditions Pulmonary infarct	

(Include pregnancy within 3 months of death)

Major findings of operations: Ruptured tubal pregnancy

Date of op. 7/29/40

Autopsy results: Pulmonary infarct, deep vein thrombosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE L. H. Pennebaker M. D. or other

Address 170 W. Wash. St. Hag. Md. Date signed 8/8/40

RECEIVED
SEP 6 1940
BUREAU Y. S.

08894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred: 33½ E Franklin St

How long in hospital or institution? none.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 33½ E Franklin St
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Charles B. McClure.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1872

8. AGE:

Years	Months	Days	If less than one day
67.	8	28	hrs. min.

8. Birthplace Boonsboro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Music Teacher.

11. Industry or business Retired.

FATHER
12. Name Samuel McClure
13. Birthplace Gettysburg Pa.

MOTHER
14. Maiden name Sophia Barkman
15. Birthplace Boonsboro Md.

16. Informant Mrs Hallie K. Lambert
Address Hagerstown. Md

17. Burial. Date thereof Aug 9-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Cossman
Address Hagerstown. Md.

19. Aug 8, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1940 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 7, 1940 to August 7, 1940 and that I last saw him alive on August 7, 1940

Immediate cause of death Coronary occlusion — DURATION 15 minutes

Due to

Due to

Other conditions Generalized and coronary arteriosclerosis
(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Nourent MD M. D. or other

Address Hagerstown, Md Date signed Aug 8 1940

D. Nourent

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

08895

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Washington Co. Hospital

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clearspring, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Simon H. McLucas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Susan B. McLucas

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Jan. 5 1859

8. AGE: Years	Months	Days	If less than one day
81	7	1	hrs. min.

9. Birthplace Washington Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Daniel McLucas

13. Birthplace Washington Co.

MOTHER 14. Maiden name Christian Shoemaker

15. Birthplace Washington Co.

16. Informant Charles McLucas

Address Big Pool. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 9 1940 (month) (day) (year)

Cemetery or crematory Stone Bridge Cemetery

Location Near Hancock, Md.

18. Funeral director Snyder & Rowland

Address Clearspring, Md.

19. Aug 8, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 905 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940 to Aug 6 1940 and that I last saw him alive on Aug 6 1940

Immediate cause of death	DURATION
Ventricular Fibrillation	10 min.
Due to Coronary Thrombosis Old-	?
Due to Hypertensive Arteriosclerotic Cardio-vascular Renal disease	?
Other conditions Hypertrophy Prostate	?

(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy Prostate

Of autopsy As above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur Robert Colvin M. D. or other

Address Clearspring Md. Date signed 8/7/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08896

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: #238 East Antietam St.

Stay in hospital or inst. (yrs., or mos., or days) At Home

Stay in this community (yrs., or mos., or days) 10 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 238 East Antietam St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Denton Simon Middlekauff

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura B. Middlekauff

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May - 23 - 1864

8. AGE: Years	Months	Days	If less than one day
76	2	29	hrs. min.

9. Birthplace Beaver Creek Wash. Co. Md. (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business General Store

FATHER 12. Name Simon Middlekauff

FATHER 13. Birthplace Beaver Creek Wash. Co. Md.

MOTHER 14. Maiden name Cecelia Adams

MOTHER 15. Birthplace Beaver Creek Wash. Co. Md.

16. Informant Mrs. Laura B. Middlekauff

Address 238 E. Antietam St. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 25. 1940 (month) (day) (year)

Cemetery or crematory Church of the Brethren Cemetary

Location Beaver Creek. Md.

18. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. Aug. 24 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/22 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/1 1940, to 8/22 1940 and that I last saw h-m alive on 8/21 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	21 days
Due to arterio - Sclerosis	21
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor Miller M. D. or other

Address Date signed 8/24/1940

DR. VICTOR D. MILLER
131 W. WASHINGTON ST.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08897

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 66 yrs 1 m 28 days
Hospital, institution, or street address where death occurred: Washington County Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wash.
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 123 E. Washington
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Florence Louise Minnick

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Luther G. Minnick
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 1 - 1874

8. AGE:

Years	Months	Days	If less than one day
66	1	27	..... hrs. ..... min.

9. Birthplace: Hag. Wash Md.
(Town, county, and state)
10. Usual occupation: Home Duties
11. Industry or business: own home
FATHER 12. Name: Lewis C Leiter
13. Birthplace: Leitersburg Md
MOTHER 14. Maiden name: Sadie Mentzer
15. Birthplace: Leitersburg Md.
16. Informant: Roy Leiter
Address: Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 30 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill cemetery
Location: Hagerstown Md.
18. Funeral director: Leath F Minnich & Son
Address: Hagerstown Md.
19. Aug 29, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1940, at 2:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Aug 28 1940 and that I last saw her alive on Aug 28 1940

Immediate cause of death	DURATION
Hemiplegia	Days
Due to: Cerebral Hemorrhage duration seven years	
Due to: Intestinal Obstruction	1 wk.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Ernest F Poole M.D.
M. D. or other
Address: Hagerstown, Md. Date signed: 8/29/40

Dr. Poole

RECEIVED
SEP 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08898

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 156 S. Potomac St.
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 18 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 156 S. Potomac St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Emma J. Newcomer

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June - 30 - 1853

8. AGE:

Years	Months	Days	If less than one day
87	1	26	____ hrs. ____ min.

9. Birthplace Beaver Creek Wash. Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Michael Newcomer
13. Birthplace Beaver Creek Wash. Co. Md.

MOTHER
14. Maiden name Martha Krotzer
15. Birthplace Beaver Creek Wash. Co. Md.

16. Informant Miss Martha Doub
Address 156 S. Potomac St. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 29 1940 (month) (day) (year)

Cemetery or crematory Ch. Brethren Cemetary
Location Beaver Creek Md
18. Funeral director Wm. D. Bast & Son
Address Boonsboro Md.

19. Aug. 28, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26, 1940, at 7:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to Aug. 26 1940, and that I last saw h[illegible] alive on Aug. 25, 1940

Immediate cause of death	DURATION
Arteriosclerosis	6 years
Due to Chronic Int. Nephritis	10 years
Due to	
Other conditions Decompensation & Gen. debility.	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. Horace Yeager M. D. or other
Address Hagerstown, Md. Date signed Aug. 27 '40

RECEIVED
SEP 6 1940
BUREAU V. S.

08899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? Pronounced dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 118 East Antuetam St (If rural, give LOCATION)

2.(d) If veteran, name war:

3. (a) FULL NAME: John Edgar Norris

3. (b) Social Security Number: 215-18-1458

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 10, 1923

8. AGE:

Years	Months	Days	If less than one day
16	10	4	..... hrs. ..... min.

9. Birthplace: Hagerstown-Washington-Md. (Town, county, and state)

10. Usual occupation: Laundry Employee

11. Industry or business:

FATHER
12. Name: Edgar C. Norris
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Mary C. Taylor
15. Birthplace: Washington County, Md.

16. Informant: Mrs. Mary C. Norris

Address: Williamsport, Md. R F D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 17, 1940 (month) (day) (year)

Cemetery or crematory: Bakersville Cemetery

Location: Bakersville, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Aug 17, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 14 1940 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1940 to Aug 14 1940 and that I last saw h[illegible] alive on Aug 14 1940 [illegible] Dead on Aug 14 1940

Immediate cause of death: Undetermined

Due to: Finding at inquest: Death was due to status lymphaticus

Due to: Microscopic

Other conditions: Autopsy (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results: Not Reported

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Unknown Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Acting Coroner Injured at work?

23. SIGNATURE: [illegible] M.D. M. D. or other

Address: Hagerstown Date signed: 8/14/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

08900

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Res in Hag See diff

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred: Washington County Home

How long in hospital or institution? 2 years 7 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED: = FRONT ROYAL VA

(For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. Washington County Home (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Lester Painter

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 4, 1883

8. AGE:	Years	Months	Days	If less than one day
about	45 57	4	28	hrs. min.

9. Birthplace Near Luray Va (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Harry H Hutson

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 3 1940 (month) (day) (year)

Cemetery or crematory Washington County Home

Location Hagerstown Md.

18. Funeral director Scott F Minnich & Son

Address Hagerstown Md

19. Aug 3, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940 at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940 to Aug 2 1940 and that I last saw him alive on Aug 2 1940

Immediate cause of death Nephritis (Chronic) — DURATION

Due to

Due to

Other conditions Hypertrophied Prostate. 2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Beachley M.D. M. D. or other

Address Hagerstown Md Date signed 8/2/40

RECEIVED
SEP 6 1940
BUREAU V. S.

08901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 809 West Washington St.

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 5 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 809 West Wash. St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Alice Elizabeth Poffenberger

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Jacob B. Poffenberger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November-24-1867

8. AGE: Years 72 Months 8 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Sharpsburg Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER
12. Name No Record
13. Birthplace " "

MOTHER
14. Maiden name Alice Elizabeth Fisher
15. Birthplace Sharpsburg Wash. Co. Md.

16. Informant Mrs. Leo Henson

Address 809 W. Wash. St. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12. 1940 (month) (day) (year)

Cemetery or crematory Fairview Cemetary

Location Keedysville Md.

18. Funeral director Wm. A. Bast & Son

Address Boonsboro Md.

19. Aug. 10. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August. 10. 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7. 1940, to Aug. 10. 1940, and that I last saw her alive on August 9. 1940.

Immediate cause of death Carcinoma of head of pancreas with metastases to liver.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of pancreas.

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE R. A. Bell M. D. or other

Address Hagerstown Md. Date signed 8/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

08902

Reg. Dist. No. 7-306

1. PLACE OF DEATH:

County Washington

~~City or town~~ Near Pleasant Valley. Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washi.

~~City or town~~ Pleasant Valley. Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. none
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Celia Ann Portner

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	widowed

6 (b) Name of husband ~~or wife~~ Harry Portner Sr.

Married 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-25-1871

8. AGE: Years	Months	Days	If less than one day
69	—	6	— hrs. — min.

9. Birthplace Garfield Fred Co md
(Town, county, and state)

10. Usual occupation House Work.

11. Industry or business none

FATHER 12. Name Martin Comfort

FATHER 13. Birthplace Garfield Fred Co md

MOTHER 14. Maiden name Michala Rutna.

MOTHER 15. Birthplace Garfield Fred Co md

16. Informant Harry Portner Jr.

Address Smithsburg md

Pleasant Valley. Date thereof 8.6.1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Pleasant Valley.

Location at Pleasant Valley.

18. Funeral director Geo. B Hoban

Address Smithsburg md

19. Aug 5 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 3 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept - 1939, to Aug - 3 1940, and that I last saw h alive on Aug - 2 1940.

Immediate cause of death	DURATION
Coronary Occlusion.	1 hr.
Due to Arteriosclerosis.	
Due to Generalized.	3 yrs.
Other conditions Nephritis Chronic.	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H Duncan M. D. or ~~Coroner~~

Address Waynesboro Pa Date signed Aug-4-40

RECEIVED
SEP 6 1940
BUREAU V. S.

08903

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred: 3 Braxton ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Baxton avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah Quinn

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) June 28, 1884

8. AGE: Years 57 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business at Home

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Ethel Haley

Address 107 W. Church

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-3-40 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director John M Caldwell

Address Hagerstown Md

19. Sept 2. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1940 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to — 19

and that I last saw her alive on 19

Immediate cause of death	DURATION
Ventricular Fibrillation	8/30/40
Hypertension	1940
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? ---- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) No

Means of injury Injured at work? No

23. SIGNATURE S. Robert Mills DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. ~~or other~~

Address Hagerstown, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(928)

08904

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
County Washington
City or town Yarrowsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) at Home.
Stay in this community (yrs., or mos., or days) 35 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Washington
City or town Yarrowsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Samuel Redman
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband or wife Annie Redman
6(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) July. 24. 1865
8. AGE: Years 75 Months 0 Days 12 If less than one day ___ hrs. ___ min.
9. Birthplace Alexandria Va. (Town, county, and state),
10. Usual occupation Engine Builder
11. Industry or business Railroad.
FATHER 12. Name Samuel Redman
13. Birthplace Virginia
MOTHER 14. Maiden name Katie Brown
15. Birthplace Virginia
16. Informant Mrs. Annie Redman
Address Knoxville Md. R.F.D.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug. 10. 1940 (month) (day) (year)
Cemetery or crematory Bethel Cemetary
Location Alexandria Va.
18. Funeral director Wm. F. Bast & Son
Address Boonsboro Md.
19. August 8 1940 (Date rec'd by registrar) Cornelius W. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August. 6 1940, at 6.35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940 to August 6 1940, and that I last saw him alive on August 1st 1940.
Immediate cause of death
Acute Nephritis
Due to Inflammation of Kidneys
Mitral Insufficiency
Due to Defective Heart valve
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION
3 months
? Unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Thomas Strother MD M. D. or other
Address Brunswick. Md Date signed 8-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13 ft)

08905

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
County Washington
City or town Hancock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hancock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR — No

3. (a) FULL NAME FLORENCE R. ROWLAND

3. (b) Social Security Number — No

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) January 12, 1865

8. AGE: Years 75 Months 6 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Hancock, Wash. Co., Md. (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business —
FATHER
12. Name Jonathan Rowland
13. Birthplace Wash. Co. Md.
MOTHER
14. Maiden name Isabelle Dugan
15. Birthplace Morgan Co. W. Va.
16. Informant Josephine MacDonald
Address Hancock, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 3, 1940 (month) (day) (year)
Cemetery or crematory St. Thomas Church Cemetery
Location Hancock, Maryland
18. Funeral director T. P. Jenkins
Address Hancock, Maryland
19. 8/1 (Date rec'd by registrar) 19 T P Jenkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1 1940, at 3 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to 7-31 1940, and that I last saw her alive on 7-31 1940.
Immediate cause of death Cerebral Embolism
Mitral Stenosis
Hypertension
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert R. Tobias M. D. M. D. or other
Address Hancock Md Date signed 8-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08906

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Washington
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Washington
City or town Hagerstown Md #5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Edith Sensenbaugh

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John Sensenbaugh
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1873

8. AGE: Years	Months	Days	If less than one day
67	2	4	hrs. min.

9. Birthplace Frederick Co Md
(Town, county, and state)
10. Usual occupation House Work
11. Industry or business
FATHER 12. Name Samuel Pryor
13. Birthplace Md
MOTHER 14. Maiden name Louise Pline
15. Birthplace Md
16. Informant Mrs Chas Moore
Address Waynesboro Pa # 3
17. (Burial, cremation, or removal. Which?) Date thereof 8-24 (month) (day) (year)
Cemetery or crematory Smithsburg Cemetery
Location Smithsburg Md
18. Funeral director Walter G Grove
Address Waynesboro Pa
19. Sept 5 Aug 23 1940 H B - Newcomer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 21 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb - 1928, to Aug - 21 1940, and that I last saw her alive on June 1940

Immediate cause of death	DURATION
Coronary Occlusion	Instan - taneous.
Due to Arterio sclerosis -	10 yrs.
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wallie H Newcomer M. D. or coroner
Address Waynesboro - Penna Date signed Aug - 22 - 40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

08907

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 28 Elizabeth Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Harrison Shaffer S.S. No. 705-10-5437

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louise Shaffer

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) October 7, ~~1881~~ 1881

8. AGE: Years 58 Months 9 Days 29 If less than one day ____ hrs. ____ min.

9. Birthplace Chambersburg-Franklin- Pa.
(Town, county, and state)

10. Usual occupation Stock man

11. Industry or business W. M. Rail Road

FATHER
12. Name Wesley Shaffer
13. Birthplace Chambersburg, Pa.

MOTHER
14. Maiden name Mary Stoner
15. Birthplace Chambersburg, Pa.

16. Informant Mrs. Louise Shaffer
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 8, 1940 (month) (day) (year)

Cemetery or crematory Cedar Grove Cemetery

Location Chambersburg, Pa.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Aug 8. 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5, 1940, 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1935, to Aug. 5, 1940, and that I last saw him alive on Aug. 5, 1940

Immediate cause of death	DURATION
Streptococci Hemolytic septicemia	4 days
Due to Diabetes Mellitus	5 yrs.
Gangrene Rig Big toe foot	7 days
Due to Acute Endocarditis	7 days
Acute Nephritis	7 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Same as above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? X (City or town) X (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. Howard Yeager, M.D.
M. D. or other

Address Hagerstown, Md. Date signed Aug. 7, '40

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AUG 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08908

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
625 Highland Way
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route # 40
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME William Martin Speckenbergen.

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Mamie E.
6.(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) November 7 - 1859

8. AGE: Years	Months	Days	If less than one day
80	9	10	hrs. min.

9. Birthplace Clearfoss Wash. Co Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired.
FATHER 12. Name John Speckenbergen.
13. Birthplace Clearfoss Md.
MOTHER 14. Maiden name Sarah Jane Murray
15. Birthplace Clearfoss Md.
16. Informant Mrs Edw F Shaffer
Address Hagerstown. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 17 Aug 19-1940 (month) (day) (year)
Cemetery or crematory Dunkard Cemetery
Location Broadfording Md
18. Funeral director Andrew K. Cliffe-man
Address Hagerstown. Md
19. Aug 19, 1940 (Date rec'd by registrar) Chas H Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-16 1940, to 8-17 1940
and that I last saw h. im alive on 8-17 1940

Immediate cause of death	DURATION
Congestive heart failure	Duly limits - possibly 2 mo.
Due to Arteriosclerotic Heart Disease & Auricular Fibrillation	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results Not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John N Hornbaker M. D. or other
Address 158 W. Washington St Date signed 8-17-40
Hagerstown, Md

Dr. Hornbaker.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(48-B) ✓

08909

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 20 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 722 Oak Hill Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Mrs Lillian Irene South

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Frank P.

6.(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Nov 16- 1901.

8. AGE:

Years	Months	Days	If less than one day
38	8	17.	hrs. min.

9. Birthplace Hagerstown. Wash Co Md.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business —.

FATHER
12. Name James Norris.
13. Birthplace Keedysville Md.

MOTHER
14. Maiden name Ida Keplinger.
15. Birthplace Boonsboro Md.

16. Informant Frank P. South

Address Hagerstown Md

17. Burial Date thereof Aug 4-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Aug 3, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13, 1940, to Aug. 2, 1940

and that I last saw her alive on Aug. 2, 1940

Immediate cause of death Carcinoma Uterus & Rectum & Bladder

DURATION Jan. 40 to Aug. 2 1940

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma.

Date of op. Jan. 40

Autopsy results Carcinoma Uterus Rectum Bladder Hydronephrosis Pyelitis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown Md Date signed 8-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Yeager.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

08910

CERTIFICATE OF DEATH

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown-

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Funkstown P.H.a

How long in hospital or Institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Near Funkstown.

(If outside city or town limits, write RURAL and give nearest town)

Street No. R # 40 near Funkstown

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME John D. Stine.

3.(b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widower.

6.(b) Name of husband or wife Mary E.

6.(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) Aug 9- 1862

8. AGE:

Years	Months	Days	If less than one day
77	11	29	....hrs. ....min.

9. Birthplace Maugansville Wash. Co Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER 12. Name Martin E Stine

13. Birthplace Maugansville Md.

MOTHER 14. Maiden name Margaret Down.n.

15. Birthplace Maugansville Md.

16. Informant Victor F Stine

Address Hagerstown. Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 10-1940 (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Sharpsburg. Md.

18. Funeral director Andrew K. Cassiman

Address Hagerstown Md.

19. Aug 8, 1940 (Date rec'd by registrar) Thos H Beavers Registrar

Dr. Nuncestein.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7. 1940, at 9. P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 7 1940, to Aug. 7 1940 and that I last saw h[illegible] alive on Aug 7 1940

Immediate cause of death	DURATION
Arterio-sclerotic Heart disease	
Due to	
Due to	
Other conditions Parkinson's Disease	16 Yr-
Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Rowenaler M. D. or other

Address Funkstown Md Date signed Aug 8-1940

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (448)

08911

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or ~~street address~~ where death occurred: Washington Co. Hosp.

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 915 Hamilton Blvd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Clair O. Thompson

3.(b) Social Security Number 212-10-0559

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of ~~husband~~ or wife: Pearl W. Thompson

6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.): Nov. 2 - 1886

8. AGE:

Years	Months	Days	If less than one day
53	9	17	hrs. min.

9. Birthplace: Waynesboro, Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation: District Supervisor

11. Industry or business: C & P. Telephone Co

FATHER
12. Name: Jacob O. Thompson
13. Birthplace: Waynesboro Pa.

MOTHER
14. Maiden name: Ida M. Adams
15. Birthplace: Waynesboro, Pa.

16. Informant: Mrs. Pearl W. Thompson
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 21-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rest Haven

Location: Hagerstown, Md.

18. Funeral director: C. M. Sutter & Sons

Address: Hagerstown Md.

19. Aug. 20, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 19 1940 at 2.15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 21 1938, to Aug. 19 1940 and that I last saw him alive on Aug. 19 1940

Immediate cause of death: Hodgkins Disease — DURATION: 2½ yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results — Diagnosis by biopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John H Hoover Cabot M.D. M. D. or other

Address: 158 W. Washington St. Date signed: 8-19-40

RECEIVED
AUG 23 1940
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08912

Reg. Diat. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yrs.
Hospital, Institution, or street address where death occurred: 46 Randolph ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 46 Randolph ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Harvey U. Wachter

3.(b) Social Security Number: 214-09-3756

4. Sex	5. Color or race	6.(a) Single, Married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Clara Wachter
6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): May 21 - 1886

8. AGE: Years	Months	Days	If less than one day
54	2	20	hrs. min.

9. Birthplace: Frederick Fred. Co. Md.
(Town, county, and state)
10. Usual occupation: Steward
11. Industry or business: Eagles Club
FATHER 12. Name: Uriah Wachter
13. Birthplace: Frederick, Md.
MOTHER 14. Maiden name: Marietta Marty
15. Birthplace: Frederick Md.
16. Informant: Clara Wachter
Address: Hagerstown, Md
17. Burial, (Burial, cremation, or removal. Which?) Date thereof aug. 12 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md
19. Aug 12, 1940 (Date rec'd by registrar) Chas H Boovers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10th 1940, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6th 1940, to Aug. 10th 1940
and that I last saw him alive on Aug 10th 1940

Immediate cause of death	DURATION
Coronary Thrombosis	4 days
Due to Cerebral Emobolism	15 min
Other conditions Arterio-sclerosis	8 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: ✓
Date of op.
Autopsy results: ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) ✓
Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: W. P. Bender M D M. D. or other
Address: Hagerstown Md Date signed: Aug 12 40

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SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08913

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 244 N. Locust Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: John William Ward

3. (b) Social Security Number: 214-09-8959

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Maude G. Ward
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): March 30, 1876

8. AGE:

Years	Months	Days	If less than one day
64	4	14	...hrs. ...min.

9. Birthplace: Ernstville-Wash.- Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: James Ward
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Catherine Dolan
15. Birthplace: Ireland

16. Informant: Mrs. Maude G. Ward
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 15, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Aug 15, 1940 (Date rec'd by registrar) Charles Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 13, 1940, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 1940, to Aug 13 1940
and that I last saw h... alive on Aug 13 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 hrs.
Due to: Hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: E. T. Campbell M. D. or other
Address: Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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SEP 6 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

08914

Reg. Diat. No. 302

1. PLACE OF DEATH:
County: Washington
City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 yr.
Hospital, Institution, or street address where death occurred:
Washington Co Hospital
How long in hospital or institution? dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 141 W. Franklin St.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Peggy Ann Warner

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 8 1929

8. AGE:

Years	Months	Days	If less than one day
11	6	12	...hrs. ...min.

9. Birthplace: Hagerstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: at School
11. Industry or business:

FATHER
12. Name: Clyde E. Warner
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Anna W. Spielman
15. Birthplace: Hagerstown, Md

16. Informant: B. E. Warner
Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 23 1940 (month) (day) (year)
Cemetery or crematory: Rest Haven
Location: Hagerstown, Md.

18. Funeral director: B. M. Suter & Sons
Address: Hagerstown, Md

19. Aug 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 20 1940, at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 20 1940, to Aug 20 1940
and that I last saw h... alive on Aug 20 1940, and that death occurred on the date above stated.

Immediate cause of death	DURATION
Fracture of Skull	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Aug 20 1940
Where did injury occur? Hagerstown Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public Road
Means of injury: Automobile Injured at work?
hit bicycle

23. SIGNATURE: J. H. Bracey M. D. or other
Address: Hagerstown Md Date signed: Aug 20 1940

RECEIVED
SEP 6 1940
BUREAU V. S.

08915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County: Washington

City or town: Smithsburg (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years

Hospital, institution, or street address where death occurred: Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Smithsburg (If outside city or town limits, write RURAL and give nearest town)

Street No.: Main Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Anna Brenner Watson

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife: C. M. Watson

B.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 29 - 1850

8. AGE: Years 90 | Months 6 | Days 2 | If less than one day ... hrs. ... min.

8. Birthplace: State Line, Wash Co. Md. (Town, county, and state)

10. Usual occupation: at Home

11. Industry or business: " "

FATHER
12. Name: Gerhardt Brenner
13. Birthplace: State Line, Md.

MOTHER
14. Maiden name: Margaret Myer
15. Birthplace: State Line, Md.

16. Informant: Miss Helen B. Watson

Address: Smithsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 4-1940 (month) (day) (year)

Cemetery or crematory: Middleburg, Pa.

Location: Middleburg, Pa.

18. Funeral director: C. M. Sutter & Sons

Address: Hagerstown, Md

19. Aug. 3 1940 (Date rec'd by registrar) Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 1 1940, at 6.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1940, to Aug 1 1940 and that I last saw her alive on Aug 1 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days

Due to: Arterio Sclerosis — 8 mos

Due to: —

Other conditions: —

(Include pregnancy within 8 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: G. A. Kohler M. D. or other

Address: Smithsburg Date signed: 8/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

08916

Reg. Dist. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred:

156 W. Washington

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 156 W. Washington

(If rural, give LOCATION)

2.(a) If veteran, name war: -

3.(a) FULL NAME: Jennie Alice Weddle

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife: Daniel Weddle

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Oct 31 - 1866

8. AGE: Years	Months	Days	If less than one day
73	9	30	..... hrs. ..... min.

9. Birthplace: Wolfsville (Town, county, and state)

10. Usual occupation: at Home

11. Industry or business:

FATHER — 12. Name: not known

13. Birthplace: " "

MOTHER — 14. Maiden name: " "

15. Birthplace: " "

18. Informant: Mrs Naomi E Weddle

Address: Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 1-1940 (month) (day) (year)

Cemetery or crematory: Welty

Location: Greensburg Md.

18. Funeral director: C. M. Sutter & Sons

Address: Hagerstown, Md

19. Aug 31, 1940 (Date rec'd by registrar) C. Kent Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/30 19 40, at 930 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/15 19 40, to 8/30 19 40 and that I last saw her alive on 8/28 19 40

Immediate cause of death: Diabetes Mellitus — DURATION: 10 yr

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: F F Lusby M. D. or other

Address: 170 W Wash St. Date signed: 8/30/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52B

CERTIFICATE OF DEATH

08917

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington County
City or town Kemps Mill near Williamsport Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Kemps Mill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Williamsport Md. RFD
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua Daniel Wise

3. (b) Social Security Number 232-26-5767

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jane Elizabeth Wise
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb 19 1882

8. AGE: Years	Months	Days	If less than one day
58	5	21	hrs. min.

9. Birthplace Williamsport Md
(Town, county, and state)
10. Usual occupation Horse shoer
11. Industry or business Race Tracks

FATHER
12. Name Owen Wise
13. Birthplace Hagerstown, Md

MOTHER
14. Maiden name Philye Wise Rhodeniser
15. Birthplace Staunton Va

16. Informant Jane Elizabeth Wise
Address Kemps Mill Md. Near Wmsport

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 13 1940 (month) (day) (year)
Cemetery or crematory Riverview Cemetery
Location Williamsport, Md
18. Funeral director Edith V Leaf
Address Williamsport Md

19. Aug 13 1940 (Date rec'd by registrar) Mrs Ethel McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1940, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16, 1940, to Aug. 10, 1940, and that I last saw him alive on Aug. 10, 1940

	DURATION
Immediate cause of death Pyonephritis	1 Month
with Uremia	
Primary Carcinoma of Bladder. Duration	Five years
Due to Ch. Papillomatosis	Guess
Cystitis	5 years
Due to Ch. Gonorrhoea	20 years
Other conditions Pelvic Abscess	
with perineal sinuses	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph L Young M. D. or other
Address Williamsport Md Date signed 8/14/40

RECEIVED
SEP 4 1920
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

08918

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 335 Ridge Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Premiture Child of William Wyand

3.(b) Social Security Number: None.

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug 27

8. AGE: Years | Months | Days | If less than one day: 20 hrs. ... min.

9. Birthplace: Hagerstown
(Town, county, and state)

10. Usual occupation

11. Industry or business: None

FATHER
12. Name: William Wyand
13. Birthplace: Sharpsburg, Md.

MOTHER
14. Maiden name: Dora Socks.
15. Birthplace: Hagerstown.

16. Informant: William Wyand.
Address: Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 29, 1940 (month) (day) (year)

Cemetery or crematory: Private

Location: Hagerstown.

18. Funeral director: William Wyand.
Address: Hagerstown

19. Sept. 9, 1940 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28, 1940, at 1" A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/27/40, 19..., to 8/28/40, 19...
and that I last saw h... alive on ... 19...

Immediate cause of death: Prematurely (5 Mo.)

Due to: Premature Labor

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Earl Young MD, M. D. or other

Address: Hagerstown Md. Date signed: 9/2/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B) ✓

CERTIFICATE OF DEATH

08919

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs.

Hospital, Institution, or street address where death occurred:

520 W. Wilson Blvd.

How long in hospital or institution? no-

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 520 W. Wilson Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war no-

3.(a) FULL NAME James Kemper Powell

3.(b) Social Security Number 719-07-6689

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Rebecca Ann.

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) December 9-1873

8. AGE:

Years	Months	Days	If less than one day
66	7	18	— hrs. — min.

9. Birthplace Berryville Clarke Co Va.

(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business N.&W.-R.R.

FATHER 12. Name John Page Powell

13. Birthplace Berryville Va.

MOTHER 14. Maiden name Jemima Tuckers.

15. Birthplace Culpepper Va.

16. Informant Frank Powell

Address Boyce Va

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 29-1940 (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Berryville Va.

18. Funeral director Andrew K. Custman

Address Hagerstown. Md.

19. Aug. 29. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3 1940, to August 27 1940, and that I last saw him alive on August 22 1940

Immediate cause of death	DURATION
Cancer of stomach	8 mos.
Due to	
Due to	
Other conditions Secondary Cancer of liver	4 mos.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Bowers M.D. M. D. or other

Address Hagerstown Md Date signed Aug 27 1940

Dr Bowers

RECEIVED
SEP 6 1940
BUREAU V. S.